

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

TRANSMITTAL NUMBER

89-46

STATE

LOUISIANA

PROGRAM IDENTIFICATION

TITLE XIX

PROPOSED EFFECTIVE DATE

~~October 1~~
**October 1 1989
~~October 1~~

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

TYPE OF PLAN MATERIAL (Check One)

☐

NEW STATE PLAN

☐

AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒

AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

Part 42 CFR 447.253

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D ~~page 10~~
page 11

NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT

Same (89-45)

SUBJECT OF AMENDMENT

The purpose of this revision is to allow designated quasi-public ICF-MR providers to declare their status as a public or a private provider.

GOVERNOR'S REVIEW (Check One)

☐

GOVERNOR'S OFFICE REPORTED NO COMMENT

☐

OTHER, AS SPECIFIED:

☐

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

SIGNATURE OF STATE AGENCY OFFICIAL

David L. Ramsey

TYPED NAME:

David L. Ramsey

TITLE:

Secretary

DATE:

December 22, 1989

RETURN TO:

Department of Health and Hospitals
Bureau of Health Services Financing
P. O. Box 91030
Baton Rouge, La. 70821-9030

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

12/29/89

DATE APPROVED

November 7, 2000

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 1989

SIGNATURE OF REGIONAL OFFICIAL

Calvin G. Cline

TYPED NAME:

Calvin G. Cline

TITLE:

Associate Regional Administrator,
Division of Medicaid and State Operations

REMARKS:

*Pen and Ink Change to Block 8 (renumbering the page from Page 10 to Page 11)
**Pen and Ink Change Per State's Request changing the effective date to October 1, 1989

STATE OF LOUISIANA

- LOC 7 Population is non-ambulatory and requires total care including intensive medical, psychiatric, or psychological treatment.

B. PROVIDER GROUPING

Providers are divided into two major groups, Public and Private, with three sub-groupings for Private providers based upon facility capacity (the number of beds licensed/approved by the State for provision of ICF/MR services). Private providers are reimbursed based upon a flat prospective rate by Capacity/LOC grouping which is subject to annual inflation adjustment. (Public providers are reimbursed a facility specific prospective rate based on budgeted costs.)

Public ICF/MR Facilities

Included under this classification are State operated facilities and quasi-public facilities.

A quasi-public facility is an ICF/MR facility that:

- 1) is an organization that is a component unit of a governmental reporting entity and
- 2) receives funding in excess of \$25,000 directly from the owner governing body for operation of the facility.

Private ICF/MR Facilities

Included under this classification are private proprietary and nonprofit facilities who are grouped based upon bed capacity and level of care. Bed capacity and level of care classifications are as follows:

- Capacity of 1-8 beds, Levels of care 2 through 7
- Capacity of 9-32 beds, Levels of care 2 through 7
- Capacity of 33 beds and over, Levels of care 2 through 7

C. REIMBURSEMENT TO PRIVATE ICF/MR PROVIDERS

1. Cost Determination Definitions

- a. CPI - All Items - The Consumer Price Index (CPI) for all Urban Consumers-South Region (All Items line) for December as published by the United States Department of Labor.
- b. Economic Adjustment Factor - The CPI All Items Factor is computed by dividing the value of the corresponding Index for December of the year preceding the Rate year by the value of the Index one year earlier (December of the 2nd preceding year).

TN#

89-46

Approval Date

11-07-00

Effective Date

12-01-89

Supersedes

TN#

89-45